INFORMED CONSENT

Adequate information about the research should be given in simple, easily understandable, unambiguous language in the Participant/ Patient Information Sheet.

Title of the project

Name of the Principle Investigator:

Description of the Study:

- Nature and purpose of study stating it as research
- Voluntary participation
- Duration of participation with number of participants
- Procedures to be followed
- Investigations, if any, to be performed
- any alternative procedures or courses of treatment that might be as advantageous to the participant as the procedure or treatment to which she is being subjected
- Storage period of biological sample and related data with choice offered to participant regarding future use of sample, refusal for storage and receipt of its results

Possible Risks to the participant: Availability of medical treatment for such injuries or risk management. Policy on compensation.

Possible Benefits to the participant, community or medical profession as may be applicable.

Cost and Payments to the participant: (There is no cost for participation in this study. Participation is completely voluntary and no payment will be provided)

Confidentiality: Information obtained in this study is strictly confidential. Your name will not be used in reporting of information in publications or conference presentations.

Participants' right to withdraw from the study: You have the right to refuse to participate in this study, the right to withdraw from the study and the right to have your data destroyed at any point during or after the study, without penalty.

Voluntary consent by the participant: PARTICIPATION IN THIS STUDY IS COMPLETELY VOLUNTARY, AND YOUR CONSENT IS REQUIRED BEFORE YOU CAN PARTICIPATE IN THIS STUDY.

I have read this consent form (or it has been read to me) and I fully understand the contents of this document and voluntarily consent to participate in the study. All of my questions concerning this study have been answered. If I have any questions in the future about this study they will be answered by the investigators listed below. I understand that this consent ends at the conclusion of this study.

Contact Address with phone number:

PI – from SRMC	Collaborator (if any) outside SRMC

A copy of the participant/patient information sheet should be given to the participant for her/ his record.

[In case of illiterate participant, the information is explained and thumb impression is obtained, in the presence of an unrelated witness. Left hand thumb impression for male and right hand thumb impression of female]

By signing this form, I agree to participate in this study. A copy of this form has been given to me.

Date: Name:

Participant's signature

Thumb impression

Witness name

Witness signature

Certification of INFORMED CONSENT

I certify that I have explained the nature and purpose of this study to the above-named individual, and I have discussed the potential benefits of this study participation. The questions the individual had about this study have been answered, and we will always be available to address future questions.

Date: Signature of person obtaining consent

Name:

Signature of PI